

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-017272

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

316

Primary Registration District No.

3059

Registrar's No.

143

STATE FILE NUMBER

FILED APR 18 1963

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>St. Francois.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Francois.</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Bonne Terre.</b>		c. CITY OR TOWN <b>Elvins, Missouri.</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Hospital.</b>		d. STREET ADDRESS (If outside, give location) <b>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></b>	
3. NAME OF DECEASED (Type or print) <b>William Edgar Cannell</b>		4. DATE OF DEATH Month <b>Apr</b> Day <b>4</b> Year <b>1963.</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb 2 1886</b>
9. AGE (last birthday) <b>76</b>		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Miner</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Miner.</b>	
11. BIRTHPLACE (City and state or country) <b>Texas County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Charles Cannell.</b>		13b. MOTHER'S MAIDEN NAME <b>Ellen Ray.</b>	
14. NAME OF DECEASED'S WIFE <b>Mary Cannell.</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <b>No.</b>	
16. SOCIAL SECURITY NO. <b>52.</b>		17. INFORMANT <b>Mrs Mary Cannell Elvins, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary occlusion</b> DUE TO (b) <b>arterio-sclerosis coronary artery</b> DUE TO (c) <b>hypertension &amp; arteriosclerosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>instantaneous</b>	
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>hypertension &amp; arteriosclerosis</b>		PART III: If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Flat River, Mo.</b>	
21. I attended the deceased from <b>June 1940</b> to <b>4-8-63</b> and last saw her alive on <b>4-1-63</b> Death occurred at <b>7:30</b> m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>W. G. Garbe M.D.</b>	
22b. ADDRESS <b>Desloge, Mo.</b>		22c. DATE SIGNED <b>4-6-63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>4-8-1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Catholic Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Flat River, Mo.</b>
24. FUNERAL DIRECTOR <b>Caldwell &amp; sons Flat River, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Apr 6, 1963</b>	
26. REGISTRAR'S SIGNATURE <b>Ether P. D. D.</b>			

USE BLACK INK  
OR  
TYPEWRITER RIBBON

APR 30 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Donald Dale Caldwell

Licensed Embalmer No. 5095

P. O. Address Flat River, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.